OIFE		PART B	- FEE(S)	TRANSMITTAL				
Complete and send this form, together wi.		.pplicable fee(s), to: <u>Mail</u> or <u>Fax</u>		Alexandria,	Mail Stop ISSU_ AEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450			
Traprostifit.					(703) 746-4000 LICATION FEE (if required). Blocks 1 through 5 should be completed where on of maintenance fees will be mailed to the current correspondence address a constant of the current correspondence address a constant of the current correspondence address a constant of the current correspondence address as the current correspondence address as the current correspondence of the current correspondence of the current correspondence address as			
INSTRUCTIONS: This for appropriate. All further comindicated unless corrected be maintenance fee notification	below or directed otherwise	emitting the ISSU atent, advance or in Block 1, by (a)	E FEE and liders and notice of the specifying a	PUBLICATION FEE (II fication of maintenance and new correspondence ad	fees will be maile ldress; and/or (b) i	d to the current	correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENC		naners Fach add	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mushave its own certificate of mailing or transmission.					
23280 7590 10/19/2004				have its own cer	tificate of mailing	or transmission.		
DAVIDSON, DAVIDSON & KAPPEL, LLC 485 SEVENTH AVENUE, 14TH FLOOR NEW YORK, NY 10018				I hereby certify States Postal Ser addressed to the transmitted to the	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746,4000, on the date indicated below.			
01/24/2005 KBETEMA2 00000077 10056584				Oliver	Oli, yer Platz (Depositor's name)			
01 FC:1501 02 FC:1504	C:1501 1400.00 OP			01/18	/2005	7/6	(Signature)	
Q3 FC:8001	30_00_OP		CIDOT NAME			OOCKET NO.	CONFIRMATION NO.	
APPLICATION NO.	FILING DATE	FIRST NAMED INVE					4703	
10/056,584 01/24/2002 Gerhard P TITLE OF INVENTION: HOLDER FOR POSITIONING A SPECIMEN SLIDE, AND A								
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL	FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$.	1700	01/19/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS				
PRITCHETT, JOSHUA L		2872		359-391000	359-391000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a				
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.								
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3			-		
Number is required.				no name will be printed.				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON 1	THE PATENT	(print or type)		5	de aumont has been filed fo	
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	clow, no assignee of this form is NO	data will app T a substitute	for filing an assignment.	assignee is identif	nea below, the	document has been med to	
(A) NAME OF ASSIGN	EE	(B) RESIDENC	CE: (CITY and STATE O	R COUNTRY)			
Leica Micr	cosystems Wet	zlar GmbH	I	Wetzlar	, German	У		
Please check the appropriate	e assignee category or catego	ries (will not be pr	inted on the p	patent): 🗖 Individual	Corporation o	r other private g	roup entity Governmen	
4a. The following fee(s) are	enclosed:	4b	. Payment of					
Issue Fee A check in the amount of the fee(s) is enclosed.								
☑ Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached.							dit onu o	
Advance Order - # of Copies 10 The Director is hereby authorized by charge the required fee(s), or credit any overpaymen Deposit Account Number 50-0552 (enclose an extra copy of this form).								
	(from status indicated above							
a. Applicant claims S	MALL ENTITY status. See	37 CFR 1.27.	b. Applic	ant is no longer claiming	SMALL ENTITY	status. See 37	CFR 1.27(g)(2).	

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date 01/18/2005

Typed or printed name William C. Gehris Registration No. 38,156

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.